

PART B - FEE(S) TRANSMITTAL

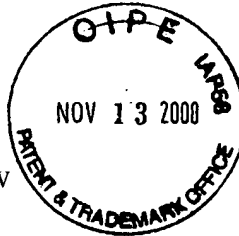
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65565

CUSTOMER NUMBER

SUGHRUE MION, PLLC
2100 PENNSYLVANIA AVENUE, NW
SUITE 800
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/567,565	02/08/2006	Toru KONTANI	Q92689	6627

TITLE OF INVENTION: AMIDE DERIVATIVE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510.00	\$300.00	\$0.00	\$1,810.00	12/08/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
Kahsay HABTE	1624	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) ATTACHED. Use of a Customer Number is required.

2. For printing on the patent front page list
1 Sughrue Mion, PLLC
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
2
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Astellas Pharma Inc. Tokyo, Japan

Rational Drug Design Laboratories Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

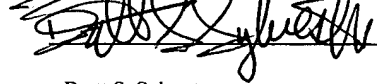
- ☐ A check is enclosed.
☐ Payment by credit card. Form 1310-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880.
☒ The USPTO is directed and authorized to charge all required fees to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature  Date November 13, 2008

Typed or Printed Name Brett S. Sylvester Registration No. 32,765

Modified PTOL-85 (Rev. 08/08 Approved for use through 08/31/2010).

11/14/2008 SHOHAM1 00000113 194880 10567565

01 FC:1501 1510.00 DA
02 FC:1504 300.00 DA

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Authorized Signature

Brett S. Sylvester

Date

November 13, 2008

Typed or Printed Name

Brett S. Sylvester

Registration No.

32,765